I

108TH CONGRESS
2D SESSION

H. R. 3999

To amend the Public Health Service Act with respect to trauma care, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

MARCH 18, 2004

Mr. GREENWOOD (for himself, Mr. GREEN of Texas, Mr. BILIRAKIS, and Mr. BROWN of Ohio) introduced the following bill; which was referred to the Committee on Energy and Commerce

---

A BILL

To amend the Public Health Service Act with respect to trauma care, and for other purposes.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Trauma Research and Access to Urgent Medical Attention Act of 2004'' or the ''TRAUMA Act of 2004''.

SEC. 2. AMENDMENT TO TITLE XII OF PUBLIC HEALTH SERVICE ACT.

Title XII of the Public Health Service Act (42 U.S.C. 300d et seq.) is amended—

(1) by striking part D; and

(2) by amending parts A, B, and C to read as follows:

"PART A—GENERAL AUTHORITY

"SEC. 1201. GENERAL AUTHORITY AND DUTIES OF THE SECRETARY.

''(a) IN GENERAL.—The Secretary may, with respect to trauma care—

''(1) conduct and support research, training, evaluations, and demonstration projects;

''(2) foster the development of appropriate, modern systems of trauma care through the sharing of information among agencies and individuals involved in the study and provision of such care;

''(3) provide to State and local agencies technical assistance, including the development of a model plan for the designation of trauma centers and for triage, transfer, and transportation policies; and

''(4) sponsor workshops and conferences.

''(b) CONSULTATION.—In carrying out this section, the Secretary shall consult with appropriate State and professional organizations.

"SEC. 1202. DATA COLLECTION.

"(a) IN GENERAL.—The Director of the Centers for Disease Control and Prevention, directly or through grants or contracts, may establish and provide for the operation of information systems and provide for the collection, coordination, and exchange of information related to trauma system development or operation.

"(b) CONSULTATION.—In carrying out this section, the Director of the Centers for Disease Control and Prevention shall consult with the Administrator of the Health Resources and Services Administration and such other persons outside of the Centers as the Director deems appropriate.

"SEC. 1203. GRANTS TO STATES TO IMPROVE TRAUMA CARE SYSTEMS.

"(a) IN GENERAL.—The Secretary, acting through the Administrator of the Health Resources and Services Administration, shall make a grant, in the amount referred to in section 1208(c), to each State that submits an application and agrees to comply with the requirements of this section, for the purpose of improving access to and enhancing the development of trauma care systems.

"(b) REQUIREMENTS.—The Secretary may make a grant to a State under this section only if the State has developed a plan that—

''(1) specifies a public or private entity that will designate trauma care regions and trauma centers in the State;

''(2) contains, for the designation of level I, level II, and level III trauma centers, standards and requirements developed by—

''(A) taking into account standards developed by professional organizations and any guidelines or model plans developed by the Secretary with the goal of ensuring the greatest possible access to trauma care and providing the highest quality of trauma care;

''(B) consulting with medical, surgical, and nursing speciality groups, hospital associations, emergency medical services State and local directors, concerned advocates, and other interested parties; and

''(C) conducting public hearings on the proposed standards after providing adequate notice to the public concerning such hearings;

''(3) contains standards and requirements for the implementation of regional trauma care systems, including standards and guidelines (consistent with the provisions of section 1867 of the Social Security Act) for medically directed triage and transportation

of trauma patients (including patients injured in rural areas) prior to care in designated trauma centers;

''(4) contains standards and requirements for medically directed triage and transport of severely injured children to designated trauma centers with specified capabilities and expertise in the care of the pediatric trauma patient;

''(5) utilizes a program with procedures for the evaluation of designated trauma centers (including trauma centers described in paragraph (4)) and trauma care systems;

''(6) provides for the establishment and collection of data from each designated trauma center in the State of a central data reporting and analysis system (to be transmitted to the Secretary in accordance with section 1202)—

''(A) to identify the number of severely injured trauma patients and the number of deaths from trauma within trauma care systems in the State;

''(B) to identify the cause of the injury and any factors contributing to the injury;

''(C) to identify the nature and severity of the injury;

''(D) to monitor trauma patient care (including prehospital care) in each designated trauma center within regional trauma care systems in the State (including relevant emergency-department discharges and rehabilitation information) for the purpose of evaluating the diagnosis, treatment, and treatment outcome of such trauma patients;

''(E) to identify the total amount of uncompensated trauma care expenditures for each fiscal year by each designated trauma center in the State; and

''(F) to identify patients transferred within a regional trauma system, including reasons for such transfer and the outcomes of such patients;

''(7) provides for the use of procedures by paramedics and emergency medical technicians to assess the severity of the injuries incurred by trauma patients;

''(8) provides for appropriate transportation and transfer policies to ensure the delivery of patients to designated trauma centers and other facilities within and outside of the jurisdiction of such system, including policies to ensure that only indi-

viduals appropriately identified as trauma patients are transferred to designated trauma centers, and to provide periodic reviews of the transfers and the auditing of such transfers that are determined to be appropriate;

''(9) conducts public education activities concerning injury prevention and obtaining access to trauma care;

''(10) with respect to the requirements established in this subsection, provides for coordination and cooperation between the State and any other State with which the State shares any standard metropolitan statistical area; and

''(11) coordinates planning for trauma systems with State disaster emergency planning and bioterrorism hospital preparedness planning.

''(c) TRAUMA PLAN.—

''(1) IN GENERAL.—For each fiscal year, the Secretary may not make payments to a State under this section unless, subject to paragraph (2), the State submits to the Secretary the trauma care component of the State plan for the provision of emergency medical services, including any changes to the trauma care component and any plans to address deficiencies in the trauma care component.

''(2) INTERIM PLAN OR DESCRIPTION OF EFFORTS.—For each fiscal year, if a State has not completed the trauma care component of the State plan described in paragraph (1), the State may provide, in lieu of such completed component, an interim component or a description of efforts made toward the completion of the component.

''(3) INFORMATION RECEIVED BY STATE REPORTING AND ANALYSIS SYSTEM.—The Secretary may not make payments to a State under this section unless the State agrees that the State will, not less than once each year, provide to the Secretary the information received by the State pursuant to subsection (b)(6).

''(4) AVAILABILITY OF EMERGENCY MEDICAL SERVICES IN RURAL AREAS.—The Secretary may not make payments to a State under this section unless—

''(A) the State identifies any rural area in the State for which—

''(i) there is no system of access to emergency medical services through the telephone number 911;

''(ii) there is no basic life-support system; or

''(iii) there is no advanced life-support system; and

''(B) the State submits to the Secretary a list of rural areas identified pursuant to subparagraph (A) or, if there are no such areas, a statement that there are no such areas.

''(d) REQUIREMENT OF MATCHING FUNDS.—

''(1) NON-FEDERAL CONTRIBUTIONS.—

''(A) IN GENERAL.—The Secretary may not make a grant to a State under this section unless the State agrees, with respect to the costs of carrying out the grant, to make available non-Federal contributions (in cash or in kind under paragraph (2)(A)) toward such costs in an amount equal to—

''(i) for the first and second fiscal year of payments under this section to the State after the date of the enactment of the Trauma Research and Access to Urgent Medical Attention Act of 2004, not less than $1 for each $1 of Federal funds provided in such payments for such fiscal year; and

''(ii) for any subsequent fiscal year of such payments to the State, not less than

$2 for each $1 of Federal funds provided in such payments for such fiscal year.

''(2) DETERMINATION OF AMOUNT OF NON-FEDERAL CONTRIBUTION.—With respect to compliance with paragraph (1)—

''(A) a State may make the non-Federal contributions in cash or in kind, fairly evaluated, including plant, equipment, or staff services; and

''(B) the Secretary may not, in making a determination of the amount of non-Federal contributions, include amounts provided by the Federal Government or services assisted or subsidized to any significant extent by the Federal Government.

''(e) RESTRICTIONS.—

''(1) IN GENERAL.—The Secretary may not make payments to a State under this section unless the State agrees that the payments will not be expended—

''(A) to make cash payments to intended recipients of services provided pursuant to this section;

''(B) to purchase or improve real property (other than minor remodeling of existing improvements to real property); or

''(C) to satisfy any requirement for the expenditure of non-Federal funds as a condition for the receipt of Federal funds.

''(2) WAIVER.—The Secretary may waive a restriction under paragraph (1) only if the Secretary determines that the activities outlined by the State plan submitted under subsection (c)(1) by the State involved cannot otherwise be carried out.

''(f) APPLICATION.—To seek a grant under this section, a State shall submit to the Secretary an application in such form, in such manner, and containing such information and assurances as the Secretary may require.

''(g) REPORTS BY STATES.—A grant may be made to a State under this section only if the State agrees that, promptly after the end of the fiscal year for which the grant is made, the State will submit to the Secretary a report that describes the activities of the State under the grant.

''SEC. 1204. GRANTS FOR THE IMPROVEMENT OF TRAUMA CARE.

''(a) IN GENERAL.—The Secretary, acting through the Administrator of the Health Resources and Services

Administration, may make grants to States, political subdivisions, consortia of States or political subdivisions, and accredited schools of medicine for the purpose of improving access to and enhancing the development of trauma care systems.

''(b) USE OF FUNDS.—The Secretary may make a grant under this section only if—

''(1) in the case of an application by a State, political subdivision, or consortium, the applicant agrees to use the grant—

''(A) to integrate and broaden the reach of a trauma care system, such as by developing innovative protocols to increase access to prehospital care and equipment necessary for the transportation of seriously injured patients to the appropriate facilities;

''(B) to strengthen, develop, and improve an existing trauma care system;

''(C) to expand and improve emergency medical services for children who need treatment for trauma or critical care;

''(D) to expand communications between the trauma care system and emergency medical services through improved equipment or a telemedicine system;

''(E) to improve data collection and retention; or

''(F) to increase education, training, and technical assistance opportunities, such as training and continuing education in the management of emergency medical services accessible to emergency medical personnel in rural areas through telehealth, home studies, and other methods; or

''(2) in the case of an application by an accredited school of medicine, the applicant agrees to use the grant to expand and improve emergency medical services for children who need treatment for trauma or critical care.

''(c) PREFERENCE.—In selecting among States, political subdivisions, and consortia of States or political subdivisions (but not accredited schools of medicine) for purposes of making grants under this section, the Secretary shall give preference to applicants that—

''(A) have developed a process and adopted standards for designating trauma centers;

''(B) recognize protocols for the delivery of seriously injured patients to trauma centers;

''(C) implement a process for evaluating the performance of the trauma system; and

''(D) agree to participate in information systems described in section 1202 by collecting, providing, and sharing information.

''(d) PRIORITY.—In making grants under this section, the Secretary shall give priority to applicants that will use the grants to focus on improving access to trauma care systems.

''(e) DEFINITIONS.—For purposes of this section, the terms 'accredited' and 'school of medicine' have the meanings given to those terms in section 799B.

''SEC. 1205. REPORTS.

''(a) REPORT BY SECRETARY.—Not later than the end of fiscal year 2006, the Secretary shall submit a report to the appropriate committees of the Congress on the activities of the States carried out with assistance under this part. Such report—

''(1) shall include an assessment of the extent to which Federal and State efforts to develop systems of trauma care and to designate trauma centers have reduced the incidence of mortality, and the incidence of permanent disability, resulting from trauma;

''(2) shall include an assessment of the grants awarded under section 1204; and

''(3) may include any recommendations of the Secretary to improve trauma care.

''(b) EVALUATIONS BY COMPTROLLER GENERAL.—The Comptroller General of the United States—

''(1) shall evaluate the expenditures by grantees of payments under section 1203 and section 1204 to assure that such expenditures are consistent with the provisions of such sections; and

''(2) not later than December 1, 2006, shall submit to the Committee on Energy and Commerce of the House of Representatives and the Committee on Health, Education, Labor, and Pensions of the Senate a report concerning such evaluation.

''SEC. 1206. RULE OF CONSTRUCTION.

''Nothing in this title authorizes the Secretary to establish Federal standards for the treatment of patients or the licensure of health care professionals.

''SEC. 1207. DEFINITIONS.

''For purposes of this part:

''(1) DESIGNATED TRAUMA CENTER.—The term 'designated trauma center' means a trauma center designated in accordance with the provisions of the State plan described in section 1203(b).

''(2) STATE PLAN REGARDING EMERGENCY MEDICAL SERVICES.—The term 'State plan', with re-

spect to the provision of emergency medical services, means a plan for a comprehensive, organized system to provide for the access, response, triage, field stabilization, transport, hospital stabilization, definitive care, and rehabilitation of patients of all ages with respect to emergency medical services.

''(3) STATE.—The term 'State' means each of the several States, the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, Guam, American Samoa, and the Commonwealth of the Northern Mariana Islands.

''(4) TRAUMA.—The term 'trauma' means an injury resulting from exposure to a mechanical force.

''(5) TRAUMA CARE COMPONENT OF STATE PLAN.—The term 'trauma care component', with respect to components of the State plan for the provision of emergency medical services, means a plan for a comprehensive health care system, within rural and urban areas of the State, for the prompt recognition, prehospital care, emergency medical care, acute surgical and medical care, rehabilitation, and outcome evaluation of seriously injured patients.

''SEC. 1208. AUTHORIZATION OF APPROPRIATIONS.

''(a) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out sections 1201, 1202, 1203, and

1204, there is authorized to be appropriated $31,000,000 for each of fiscal years 2005 through 2009.

''(b) ALLOCATION OF FUNDS.—Of the amount appropriated for each of fiscal years 2005 through 2009 under subsection (a)—

''(1) if such amount is $12,000,000 or less, the Secretary shall make available 100 percent of such amount for the purpose of carrying out sections 1201, 1202, and 1204; or

''(2) if such amount is greater than $12,000,000, the Secretary shall make available 50 percent of such amount for the purpose of carrying out sections 1201, 1202, and 1204 and 50 percent of such amount for the purpose of carrying out section 1203.

''(c) DETERMINATION OF AMOUNT OF ALLOTMENT.—

''(1) IN GENERAL.—For purposes of section 1203(a), the amount referred to in this subsection for a State for a fiscal year is the sum of—

''(A) an amount determined under paragraph (2);

''(B) an amount determined under paragraph (3); and

''(C) any amount allotted to the State under paragraph (4).

''(2) AMOUNT RELATING TO POPULATION.—The amount referred to in subparagraph (A) of paragraph (1) for a State for a fiscal year is the product of—

''(A) an amount equal to 80 percent of the amounts appropriated under this section to carry out section 1203 for the fiscal year; and

''(B) a percentage equal to the quotient of—

''(i) an amount equal to the population of the State; divided by

''(ii) an amount equal to the population of all States.

''(3) AMOUNT RELATING TO SQUARE MILEAGE.—The amount referred to in subparagraph (B) of paragraph (1) for a State for a fiscal year is the product of—

''(A) an amount equal to 20 percent of the amounts appropriated under this section to carry out section 1203 for the fiscal year; and

''(B) a percentage equal to the quotient of—

"(i) an amount equal to the lesser of 266,807 or the amount of the square mileage of the State; divided by

"(ii) an amount equal to the sum of the respective amounts determined for the States under clause (i).

"(4) DISPOSITION OF CERTAIN FUNDS APPROPRIATED FOR ALLOTMENTS.—

"(A) IN GENERAL.—Amounts described in subparagraph (B) shall, in accordance with subparagraph (C), be allotted by the Secretary to States receiving payments under section 1203 for the fiscal year (other than any State referred to in subparagraph (B)(iii)).

"(B) TYPE OF AMOUNTS.—The amounts referred to in subparagraph (A) are any amounts that are made available pursuant to this section to carry out section 1203, but are not paid to a State as a result of—

"(i) the failure of the State to submit an application under section 1203;

"(ii) the failure, in the determination of the Secretary, of the State to prepare within a reasonable period of time such ap-

plication in compliance with such section; or

''(iii) the State informing the Secretary that the State does not intend to expend the full amount of the allotment made for the State.

''(C) AMOUNT.—The amount of an allotment under subparagraph (A) for a State for a fiscal year shall be an amount equal to the product of—

''(i) an amount equal to the amounts described in subparagraph (B) for the fiscal year involved; and

''(ii) the percentage equal to the quotient of an amount equal to the population of the State, divided by an amount equal to the population of all States (other than any State referred to in subparagraph (B)(iii)).

''(d) FAILURE TO COMPLY WITH AGREEMENTS.—

''(1) REPAYMENT OF PAYMENTS.—

''(A) REQUIREMENT.—The Secretary may, in accordance with paragraph (2), require a State to repay any payments received by the State under section 1203 that the Secretary de-

termines were not expended by the State in accordance with the agreements required to be made by the State as a condition of the receipt of payments under such section.

''(B) OFFSET OF AMOUNTS.—If a State fails to make a repayment required in subparagraph (A), the Secretary may offset the amount of the repayment against any amount due to be paid to the State under section 1203.

''(2) OPPORTUNITY FOR A HEARING.—Before requiring repayment of payments under paragraph (1)(A), the Secretary shall provide to the State an opportunity for a hearing.''.

SEC. 3. INTERAGENCY PROGRAM FOR TRAUMA RESEARCH.

Title IV of the Public Health Service Act (42 U.S.C. 281 et seq.) is amended by inserting after section 494A the following:

''INTERAGENCY PROGRAM FOR TRAUMA RESEARCH

''SEC. 494B. (a) IN GENERAL.—The Secretary, acting through the Director of NIH, shall establish a comprehensive program of basic and clinical research on trauma (in this section referred to as the 'Program'), including the prevention, diagnosis, treatment, and rehabilitation of trauma-related injuries.

''(b) PLAN FOR PROGRAM.—The Director of NIH shall establish and implement a plan for carrying out the

activities of the Program, taking into consideration the recommendations contained in the report of the NIH Trauma Research Taskforce. The plan shall be periodically reviewed, and revised as appropriate.

''(c) PARTICIPATING AGENCIES; COORDINATION AND COLLABORATION.—The Director of NIH—

''(1) shall provide for the conduct of activities under the Program by the directors of the agencies of the National Institutes of Health involved in research with respect to trauma;

''(2) shall ensure that the activities of the Program are coordinated among such agencies; and

''(3) shall, as appropriate, provide for collaboration among such agencies in carrying out such activities.

''(d) CERTAIN ACTIVITIES OF PROGRAM.—The Program shall include—

''(1) studies with respect to all phases of trauma care, including prehospital, resuscitation, surgical intervention, critical care, infection control, wound healing, nutritional care and support, and medical rehabilitation care;

''(2) basic and clinical research regarding the response of the body to trauma and the acute treat-

ment and medical rehabilitation of individuals who are the victims of trauma;

''(3) basic and clinical research regarding trauma care for pediatric and geriatric patients; and

''(4) the authority to make awards of grants or contracts to public or nonprofit private entities for the conduct of basic and applied research regarding traumatic brain injury, which research may include—

''(A) the development of new methods and modalities for the more effective diagnosis, measurement of degree of brain injury, post-injury monitoring, and prognostic assessment of head injury for acute, subacute, and later phases of care;

''(B) the development, modification, and evaluation of therapies that retard, prevent, or reverse brain damage after traumatic brain injury, that arrest further deterioration following injury, and that provide the restitution of function for individuals with long-term injuries;

''(C) the development of research on a continuum of care from acute care through rehabilitation, designed, to the extent practicable, to

integrate rehabilitation and long-term outcome evaluation with acute care research;

''(D) the development of programs that increase the participation of academic centers of excellence in traumatic brain injury treatment and rehabilitation research and training; and

''(E) carrying out subparagraphs (A) through (D) with respect to cognitive disorders and neurobehavioral consequences arising from traumatic brain injury, including the development, modification, and evaluation of therapies and programs of rehabilitation toward reaching or restoring normal capabilities in areas such as reading, comprehension, speech, reasoning, and deduction.

''(e) MECHANISMS OF SUPPORT.—In carrying out the Program, the Director of NIH, acting through the directors of the agencies referred to in subsection (c)(1), may make grants to public and nonprofit entities, including designated trauma centers.

''(f) RESOURCES.—The Director of NIH shall assure the availability of appropriate resources to carry out the Program, including the plan established under subsection (b) and the activities described in subsection (d).

''(g) DEFINITIONS.—For purposes of this section:

''(1) The term 'designated trauma center' has the meaning given such term in section 1207.

''(2) The term 'trauma' means any serious injury that could result in loss of life or in significant disability and that would meet prehospital triage criteria for transport to a designated trauma center.

''(3) The term 'traumatic brain injury' means an acquired injury to the brain. Such term does not include brain dysfunction caused by congenital or degenerative disorders, nor birth trauma, but may include brain injuries caused by anoxia due to trauma. The Secretary may revise the definition of such term as the Secretary determines necessary, after consultation with States and other appropriate public or nonprofit private entities.

''(h) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there are authorized to be appropriated such sums as may be necessary for each of the fiscal years 2005 through 2009.''.

SEC. 4. CONFORMING AMENDMENTS.

(a) TITLE XII OF PUBLIC HEALTH SERVICE ACT.—Title XII of the Public Health Service Act (42 U.S.C. 300d et seq.) is amended—

(1) in part E, by resdesignating sections 1251 through 1253 as sections 1221 through 1223, respectively;

(2) by redesignating part E as part B;

(3) by striking part F;

(4) in part G, by redesignating sections 1271 through 1274 as sections 1231 through 1234, respectively; and

(5) by redesignating part G as part C.

(b) TITLE XIX OF PUBLIC HEALTH SERVICE ACT.—Title XIX of the Public Health Service Act (42 U.S.C. 300w et seq.) is amended—

(1) in subparagraph (C) of section 1904(a)(1), by striking ''section 1213(a)'' and inserting ''section 1203''; and

(2) by striking section 1910.

○